

Canton City Health Department Quality Control Log
ZYM B portion of the api NH Identification System New Kit/lot QC
(to be performed for each new lot or shipment)

YEAR _____

DATE:	LOT #				Expiration Date:					Analyst:		
Organism (Enter ATCC # and expiration date)	GLU	FRU	MAL	SAC	ODC	URE	LIP	PAL	GAL	PROA	GGT	IND
<i>N. gonorrhoea (+ProA and -GGT)</i>												
<i>A. aphrophilus (-ProA and +GGT)</i>												

DATE:	LOT #				Expiration Date:					Analyst:		
Organism (Enter ATCC # and expiration date)	GLU	FRU	MAL	SAC	ODC	URE	LIP	PAL	GAL	PROA	GGT	IND
<i>N. gonorrhoea (+ProA and -GGT)</i>												
<i>A. aphrophilus (-ProA and +GGT)</i>												

DATE:	LOT #				Expiration Date:					Analyst:		
Organism (Enter ATCC # and expiration date)	GLU	FRU	MAL	SAC	ODC	URE	LIP	PAL	GAL	PROA	GGT	IND
<i>N. gonorrhoea (+ProA and -GGT)</i>												
<i>A. aphrophilus (-ProA and +GGT)</i>												